

**Managing trauma at work: A practical toolkit for employers**

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#  Introduction

This toolkit provides practical information on how to manage trauma in the workplace and key strategies that needs to be developed to support individuals in need. It seeks to offer practical advice on various aspects of managing trauma and what it is needed to prepare the organisation for addressing any issues in the future. The toolkit was developed as part of a practical research project having the opportunity to talk to various stakeholders including trauma survivors, policy makers and employers. The scope is to support all organisations regardless the industry, size and strategy.

#  Understanding trauma

Childhood trauma is defined as overwhelming negative and traumatic experiences in early life (i.e., sexual abuse, physical violence, emotional violence), which can negatively affect health and well-being in adulthood. Currently, there is no agreement on whether childhood trauma should be considered as a physical or a mental health issue or both, although the World Health Organisation recognises that many survivors suffer from complex post-traumatic stress disorder. Large-scale clinical, social, and psychological studies (i.e., Adverse Childhood Experiences study in the USA) have offered insights into childhood trauma. For example, the Crime Survey for England and Wales (2016) shows that one in five adults (8.5 million people) aged 18 to 74 years experienced at least one form of child abuse, whether emotional, physical, or sexual abuse or witnessing domestic violence, before the age of 16 years. Therefore, it is important to understand further survivors’ experiences of current organisational support, Assess the range and effectiveness of organisational resources and responses to trauma and promote essential knowledge and positive organisational practices for supporting survivors in the workplace. Survivors are the ‘experts by experience’, nevertheless, it is the ‘experts by training’ who tend to be given the strongest voice in the workplace. We know that work is a positive power for mental health and that supportive and healthful activities can contribute to positive well-being among survivors. It is important to assess how workplaces working practices affect survivors and create high level of vulnerability in the workplace. It is not about the trauma, but how the organisation can respond to trauma and create a psychological safe working environment for everyone. The advice provided here has been emerged by engaging with survivors and stakeholder through the critical assessment of prior and current experiences. The scope is to simply raise awareness and offer organisations a much more comprehensive advice on how to manage trauma in the workplace.

#  Managing trauma in the workplace

As an organisation, it is essential to develop individuals behavioural and cognitive capacity, especially line managers, to manage trauma and identify suitable adjustments. The primary goal is not to address the trauma, but to empathise, talk confidently to survivors and create the space to receive appropriate support as well as to avoid re-traumatisation. Here is some specific advice on how to start the conversation around managing trauma in the workplace:

* Place trauma into welfare and wellbeing agenda as a strategic dimension and not a single approach to manage welfare.
* Recognise the importance of supporting trauma Survivors in the workplace and create the infrastructure for an integrated, individualised and targeted approach to support.
* Replace high reliance on HR policy and wellbeing strategy with a more personalised approach based on the individual needs.
* Address high level of anxiety to talk about the trauma and whether their organisation offer a balanced support mechanism.
* Improve confidence to offer direct support to individuals who disclose trauma by managing effectively line management processes.
* Consider legal requirements, however, this should be followed by extensive training and development on how to support Survivors at different stages. This is because legal requirements only apply for those with a diagnosis. Many survivors do not have a diagnosis, but trauma manifests at work. The process should avoid re-traumatisation.
* Seek external support when knowledge in the area is poor and identify best practices.
* Remove activities and avoid making decisions based on personal experience. Any decision to support trauma at work should be only delivered via professional knowledge emerged from specific training and development activities.

#  Disclosure Process

Disclosing trauma is one of the most challenging and emotional decisions that a Survivor can make at work. Organisations should develop psychological safe workplaces before encouraging employees to disclose any trauma during various stages in the employment cycle in order to offer appropriate adjustments. Disclosure is just one aspect of the process which requires a number of set practices, principles and knowledge to effectively manage individual needs. It is not simply a conversation or one-fit-solution approach. It is highly individualised and requires organisations to create the right climate / culture / environment and infrastructure to achieve that. It is also essential to highlight that disclosure might not consider sharing the cause of the trauma, but the consequences and the impact on work activities. It’s not the nature of the trauma that needs to be disclosed but the emotional impact and impact on work. The following Table shows the various stages that organisations should consider to build a bullet proof strategy on disclosure in the workplace.

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| **Pre-disclosure** | **Disclosure** | **Post-disclosure** |
| Encourage disclosure prior to employment is the most effective approach to support individuals.Recruitment and appointment process should encourage individuals to disclose trauma. This is not simply by having a health and personal information questionnaire, but specific information as to why it is essential to inform the organisation about any trauma. The sense of safety, anonymity and confidentiality should drive any strategy. Most Survivors would not disclose trauma at recruitment point due to the fair of stigmatisation. It is essential to encourage individuals to make that challenging decision. Many individuals might not wish to be seen as survivors and only disclose if it is obviously impacting their work or a colleague a specific system is causing them avoidable/preventable distress. It is therefore important to consider all aspects of encouraging disclosure.There is a need for line managers to be able to identify signs and symptoms of trauma and have an open dialogue to create the sense of safety in order for individuals to feel comfortable to disclose trauma. Disclosure is highly driven by the quality of employee-manager relationship and sense of safety. It is also essential to highlight that Survivors needs to be able to choose who they disclose trauma and not imposed by the organisation.Create networks and support mechanisms where employee will be able to share experiences and create the sense of community. This will establish the sense of security and acceptance across the organisations. Recovery Connections is an ideal example on how to support staff and Survivors <https://heartoncampus.co.uk/> Introduce the system/process for disclosure with specific goals, actions and clear process. Line managers should be aware of the process and utilise this resource if needed.Disclosure should not be driven by HR policy but by and within effective relationships and appropriate level of support.Seek advice from external organisations and bodies to ensure that the process is appropriate for encouraging disclosure. | Individual disclosure should be treated with high levels of confidentiality and anonymity, and supported by specific actions.Supportive attitude, compassionate behaviour, being non-judgemental and active listening to the Survivor are key principles that all line managers should be utilising. It is essential that line manager to have received extensive training on how to recognise and manage trauma and wider employee related issues in order to be able to handle the disclosure effectively. Managers also need to be aware of their own trauma, the impact it has on themselves, their behaviour and the impact it has on all staff, but particularly those who have experienced trauma.Ask specific questions about the type of support needed and discuss how current work arrangements could be changed to offer the support needed. This is not a ticking box exercise and avoid making reference to HR policies or specific wellbeing programmes if the Survivors does not ask for this. Disclosure is all about truly listening and understanding rather than assessing and evaluating the situation (in the first meeting or follow up one).Ensure that line managers have received training on bias and confidentiality. Some survivors might wish to keep the disclosure informal and simply have some space to deal with certain issues. Others might wish a more formal approach to disclosure. Hence, the organisation should have available various, flexible avenues that Survivors can follow based on their own needs.Agree on specific aspects of support based on individual needs. This could be aspects of workload, flexible work to more advance support around counselling and time off work. Line managers should be aware of what is available to support Survivors. It is *critical* not to pass on the responsibility to a third party without any prior agreement. Disclosure is based on trust and confidence to openly talk to the individual. Ensure that there is a safe, neutral space to have such a conversation and record only key aspects of the conversion only with Survivor’s consent. Agree on an action plan and future communication approach. This may need to be revisited and amended.Accommodating needs and offering support does not always mean major changes. It is essential to have the conversation and discuss how the organisation can offer reasonable adjustments based on the wider organisational needs. Honesty, transparency and consistency are key to agree on future changes. | Follow up the action plan and have informal conversations to check progress. It is essential for the Survivors to feel safe and supported. Conversations could be part of the organisation’s appraisal/review process or part of the agreed follow up plan. This should be based on what makes the survivors conformable with. They might wish to separate support from appraisal and performance. The idea of the post-disclosure process is not simply to check progress but to ensure that the changes adopted have an impact upon the quality of work, any further support needed and the overall impact upon the quality of work. Disclosure is not a single process, a single event. It is a continuous process that requires management’s consistent support.Confidentiality remains of a highest importance. Offer and discuss any extra support needed. In many cases, Survivors needs flexibility on working patterns and hours, rather than a sophisticated external support. There is a high danger for re-traumatization if the organisation ‘imposes’ specific actions as part of the wider wellbeing strategy. Depending on the complexity of the trauma, Survivors prefer to continue their work in the workplace feeling confident that the disclosure would not affect line managers judgement on the quality of work or be considered the so called ‘trouble makers’. For this reason, the actual trauma and disclosure become a secondary element in this process. The primary element is to ensure that the work environment facilitates full contribution to the working life including meeting objectives and set goals.Compliance with HR process is essential but this should be discussed and agreed with the Survivor as to how disclosure should be recorded. |
| **Evaluate and Review** |
| It is essential to have the space to evaluate the effectiveness of the disclosure process and identify areas for improvements. This is part of the review process to ensure that the set processes and the Survivors experience reflects any future changes. A health organisation should have the capacity for Survivors and line managers to engage in wider discussion on how to support individuals who experienced trauma but also any individual who needs organisational support. Such an approach sends positive signals to the workforce that their needs could be addressed.  |

#  A more systematic approach: 3 stage approach

Disclosure might be an essential part to offer targeted support, however, there is a need to have a systematic approach as to how trauma and wider issues could be supported in the workplace. Any strategy should concentrate on three dimensions that are not primarily driven by financial resources, but mostly with emphasis on creating knowledge and prevention. We should not underestimate the fact that organisational size, strategy, key priorities and leadership commitment might affect the direction of any support mechanisms; however, the underlining principle is to have a highly productive and engaged workforce.

* 1. **Awareness**: Raising awareness should be the first strategic goal for any organisation regardless the size, strategy and leadership abilities. Awareness should not only be driven by the management desire to openly talk about trauma, but to also have the desire to create an organisational cognitive capacity that supports the development of the right skillset and creates the appropriate infrastructure. Awareness is linked with the need to challenge current perceptions, learn about the areas of trauma and how it affects people’s lives, understand the impact on physical and mental health, relationships, work and performance, inform processes and have the confidence to apply new practices. It offers the ability to have the organisational and individual confidence that decisions will be well informed and in line with individual needs. Further to that organisational awareness is also linked with their ability to create a culture that accommodates needs and places emphasis on reasonable adjustments. It provides line managers with the confidence that disclosure, trauma and support will be effectively managed. Hence, organisations should heavily invest in raising awareness across different levels of the organisations.
	2. **Implementation:** The second stage is all about utilising and applying knowledge in practice. With the appropriate level of awareness, organisations can design specific strategies and policies that offers the space to seek support. These policies will be well informed not only by the organisation’s desire to offer support, but also with employee commitment to use these policies in the future. The ultimate goal is for Survivors to utilise the support, disclose their trauma and receive appropriate support. Effective implementation will certainly reduce issues around welfare, absenteeism, sickness and poor performance/engagement. The main goal is to have the space and the resources the strategy accommodates not only individual needs but most importantly address any issues. Make them feel like they belong, they are part of the organisation, allow them to be authentic selves and not feel ashamed of who they are (see from symptoms and identification to solutions and productivity Table for more information).
	3. **Review:** The final stage acts as a continuous review tool with two goals. First to continuously enhance the level of awareness and develop further individual/organisational cognitive capacity and knowledge including organisational learning. Second to change, improve and amend any policies and practices to support Survivors in the workplace. This requires open conversations, a culture of acceptance and ability to change key practices. It is an essential process to ensure that an organisation’s approach to trauma and wellbeing in general is effective and in line with the wider organisational realities.

#  From symptoms and identification to solutions and productivity

There are several ways on how organisations can prepare their workplaces to support trauma Survivors and offer the support as part of their response to employee welfare and support. Support to trauma requires several organisational, operational and management actions to address individual needs. Support also covers a number of complex areas including policy development, staff development, workload, disclosure, communication, performance and other wider employment practices. There are a number of ideal, realistic, and minimum practices that organisations should consider at different levels. This will depend on the level of progress that an organisation has made to support survivors in the workplace. The following Table provides some advice on how to make the workplace an appropriate place for trauma Survivors.

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| **Organisational Strategy** | **Prevention and Awareness** | *How to*  |
| **Organisational philosophy** | Incorporate strong evidence of accepting the importance of wellness, wellbeing and flexibility. This will send appropriate messages at operational and individual levels. | Vision, mission and goals to provide explicit comments on the importance of individual needs and organisational adjustments to wellness and wellbeing. The actual nature of working conditions will certainly dismiss the value of any wellbeing attend to support employees in the workplace.  |
| **Commitment** | Any changes to support organisations approach to trauma requires leadership commitment and determination. It needs to be properly embedded and not a tokenistic approach of some kind of training with a couple of worded added to a policy. | Leadership team to complete trauma informed practice training. Communicate key message via different routes about the important of supporting trauma in the workplace. Create set of values to influence the design of any practices and policies. For example, trauma ambassadors could showcase the organisational commitment and encourage wider discussions. Ambassadors could also be those with lived experiences to highlight further the impact of trauma on daily basis. |
| **HR strategy** | **Prevention and Awareness** | *How to*  |
| **Principles** | Strategy should be driven by specific principles emerged by the organisational strategy to inform any specific HR practices. | Revisit HR operational goals and objectives to include specific expectations on trauma. Provide specific guidelines on how line managers should respond to trauma and create a bank of information where people can access information if needed. |
| **Evaluation** | Assessment of current practices is essential to inform any future decisions. This includes a comprehensive audit which includes consultation with staff with lived experiences or individuals who have the knowledge and high level of objectivity to assess properly the workplace. | Review existing HR polices on disclosure, support, flexibility, recruitment and performance. Introduce regular evaluate tools to assess the impact of the current policies on individuals’ performance. Monitor key staff data to identify key areas of concerns and introduce initiatives.It is also important that staff who have already (had to) disclose are consulted and that decisions or any changes are not made and ‘imposed on’ survivors as this is very harmful. |
| **Recruitment** | **Prevention and Awareness** | *How to*  |
| **General awareness** | Talent management strategy and information about the wider labour market and its key characteristics. | Encourage disclosure throughout the recruitment process. Setting the tone for openness and confidentiality and highlight the benefits of disclosure for any potential candidate. Survivors are hypertensive professionals. They have great ability to understand when organisations support is genuine and appropriate which support the points to have an open and honest assessment of the wider organisational support mechanisms. |
| **Adjustments throughout recruitment process from advertising, interview letters and assessment. This is just the beginning of the processes as survivors should trust the organisation first before providing any information.** | Evaluate current approach, seek feedback and reflect on the wider aspects of the recruitment cycle. | Adjust for issues such as concentration problems, fatigue, memory problems and anxiety. This includes the need for specialist equipment (standing up desks voice recognition software, software to read test to me (related to memory) or/and computer equipment.  |
| **Legal aspects** | Compliance is key | Take responsibility and make the process beneficial to your organisation  |
| **Engagement** | **Prevention and Awareness** | *How to* |
| **Stress at work** | Know the signs of stress both at individual and group level. Create the cognitive capacity in the team to understand the difference between stress and pressure. Understand why individuals have different tipping points. | Reduce workplace stressusing a comprehensive approach to support managers. Checklists is not an effective approach as they do not get to the bottom of what survivors needs and it is an unproductive approach. Survivors cannot always comfortably discuss the nature of trauma. Hence, organisation should enable the survivors to decide the approach needed to communicate the issues and areas to address either verbally or/and written. |
| **Symptoms and behaviours (A and Z)** | Understand workplace impacts of diagnoses from anxiety and complex post-traumatic stressto depression and borderline personality disorder. Knowledge and awareness is essential to be able to develop future strategies. It is essential to highlight that some Survivors might not have a formal diagnosis. Organisations should still need to support and accommodate their needs. | Offer support (in-house of off-house) to individuals with common and severe mental health problems. In some cases, 6 weeks counselling might not be enough so the organisation should consider offering additional support in discussion with the survivor. What to do in a crisis and organisational response. |
| **Employee self-help resources** | Immediate solutions to help employees to take personal responsibility for their performance. Reduce burden on line Managers by offering specific support tools and resources. | Provide immediate help for a range of symptoms from poor concentration to tiredness, managing conflict or managing flashbacks. Often a survivor in crisis needs their safe person. Hence, the workplace should facilitate that and offer the support needed. |
| **Disclosure of** **trauma or** **mental illness** | Managers will feel confident to act immediately to support individuals. Remove attitude that managers don’t worry that they’ll make things worse. Ensure line manager are aware of available support and how to access NHS or private treatment.  | Preparation and process in place to facilitate disclosure, but also to enable people to disclose trauma.Encourage disclosure via different channelsPrepare line managers to understand what to say and do, and what not to say to avoid re-traumatisation and issues with engagement. |
| **Survivors’ voices** | Survivors shed light onworkplace discrimination and offer advice to improve processes and policies. | Implement simple Adjustments based on individual needs. Link to flexible and wellness policy might not be sufficiently. |
| **Domestic violence** | Understand the link between domestic violence and trauma is essential as different approach is needed.Know that domestic violence spills over into the workplace.Recognise the signs in the workforce and facilitate open dialogue. | Holistic approach to manage issues associated with domestic violence. |
| **Principles of support** | Use a simple framework for conversations that reflect best practice and benefits the entire workforce rather than a rule-based policy. | Underpin conversations and actions using a simple framework (Harris and Fallot, 2001):1. Trust, transparency2. Collaboration3. Safety4. Empowerment, voice and5. Choice |
| **Attendance management** | **Prevention and Awareness** | *How to* |
| **From absence to adjustments** | Top tips for managers to implement a speedy return to work.  | Return to work policy should capture elements of trauma and re-traumatisation to enable line managers to make effective decisions. |
| **Making contact** | The importance of maintaining contact and your employee’s concerns. | Avoid pitfalls and find alternatives to contacting employees while off work. It is not necessary to conduct someone if it is not needed. This needs to be discussed at local level. |
| **The Equality Act (2010) and Survivors** | Consider legal expectations, however, many trauma survivors experience issues not covered by the legal framework. Accommodating needs is core part of the legal framework, however it has to be realistic. | Consider wider legal framework and best practices across various sectors on flexibility, wellness and organisational support. |
| **Principles and tips for referral to occupational health** | Use a simple framework to avoid the pitfalls of making an occupational health referral. At a glance “must do’s” when you refer to occupational health. This is because there is a need for an occupational health nurse or/and physician who understands about trauma. This is essential as lack of knowledge in the area would create more problems. A report from a trauma-informed therapists could be a way for organisations to move forward. | Gain buy-in and build trust from Survivors from the referral process. It is essential to ask a key fundamental question as to what they need. |
| **Performance Management** | **Prevention and Awareness** | *How to* |
| **The performance cycle** | When individuals have a mental illness, managers could be tempted to avoid difficult conversations. Many signs and symptoms of trauma are not a mental illness they are symptoms of trauma. They might not have a medical professional’s diagnosis of anxiety or depression but they might experience them as symptoms of my trauma. Inevitably this results in problems later (re-traumatization, stress, disorder). Performance practices should give managers the confidence to tackle issues directly and isolate performance issues from adjustments. | Evaluate and review existing performance and appraisal process.  |
| **Handling emotional conversations** | Prepare line managers to manage emotional conversations and offer appropriate support. Their role is to facilitate the process and not addressing any concerns related to trauma.  | Training line manager to handle emotional conversations and raise awareness of key available tool. For example, line managers to receive de-briefs and supervision from psychologist. Disclosure can be distressing for both parties. |
| **Organisational Development** | **Prevention and Awareness** | *How to* |
| **Compassionate workplace: complements an existing strategy; or helps design from scratch** | Understand that a holistic approach to wellbeing goes beyond mental and physical health. It is not simply about wellbeing, but mostly about creating a compassionate and safe working environment for everyone. | See the whole person and not the policy. Check or adjust for mental and physical health challenges. There is a need to ensure that organisations use trauma-informed language in these documents. Some terms can be difficult or/and shaming for survivors. |
| **Assessment tool** | A checklist with emphasis on prevention and support.  | Utilise organisational data to inform decisions. Adopt different evaluate tools to support employees. |
| **Looking after yourself hearing traumatic stories can drain managers. It is the vicarious/secondary trauma.** | Managers have confidence to set limits so that they can continue to support employees. Departments also need to be well-resourced for this including time consuming effectively to support staff with trauma. It is certainly an expensive process; however, the benefits are tremendous. | Management mental toughness / resilience training and additional developmental opportunities. For example, organisations to offer supervisions debrief sessions. |
| **Solution-focused coaching and counselling** | Take a brief from employee and employer and work with the employee on specific work-related issues. | Mentoring, coaching and peer support. Trauma informed educational practices and mental toughness / resilience training and workshops. |
| **Training and education** | Offer training opportunities for line managers and other professionals on trauma informed practices, resilience and workplace support. It is essential to choose training providers carefully. Staff delivering training should have the knowledge on trauma. Poor knowledge could create more problems for the organisations. | In-house or specialized training in the area. Develop expertise knowledge to support Survivors or seek external support.Develop a training and development policy that captures trauma. It is a long-term commitment that requires time, effort and resource. This is a great source for suture support: onesmallthing.org.uk/quality-mark.  |
| **Trust** | **Prevention and Awareness** | *How to* |
| **Communication and support** | Develop mechanisms to facilitate effective dialogues across the teams and enable individuals to raise concerns in their own time and space. | Create a forum where employees and managers share knowledge and support.Utilise staff survey to seek information. Ask Survivors to contribute to the questions being asked. Often the wrong questions are asked creating an environment of mistrust. |
| **Relationships** | Line management and employee relationship is crucial to support disclosure and targeted support based on individual needs. Survivors choose the person they want to talk to. In most cases, trust in professional relationships, trustworthiness and honesty are key qualities that inform decisions to discuss about their trauma. | Criteria on disclosure and key principles on managing employee needs.Organisational approach to flexibility, performance and support contributes to establish effective relationships.Assess working conditions and wider aspects of employee workload. |
| **Confidentiality** | Ensure confidentiality of any disclosure and protection of individual identity. | Disclosure policy and principles. |

If you are required any further information about the project and the findings, please email the principal investigator Dr Stefanos Nachmias – stefanos.nachmias@ntu.ac.uk